



PROVIDER REIMBURSEMENT GUIDANCE											
Hospice Services Payment Policy											
Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date								
02/08/2023	07/01/2023	07/01/2023									
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options MA*</td> <td><input checked="" type="checkbox"/> Medicare Premier – (PPO) MA*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care MA*</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Value – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value – (PPO) MA*</td> <td><input type="checkbox"/> Medicare Maximum – (HMO DSNP) RI*</td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options MA*	<input checked="" type="checkbox"/> Medicare Premier – (PPO) MA*	<input checked="" type="checkbox"/> One Care MA*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Value – (PPO) RI*	<input checked="" type="checkbox"/> Medicare Value – (PPO) MA*	<input type="checkbox"/> Medicare Maximum – (HMO DSNP) RI*
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PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) covers member cost sharing and supplemental benefits of claims unrelated to the terminal illness for members who have elected hospice, in accordance with the member’s benefits, CMS, and/or Medicaid guidelines.

AUTHORIZATION REQUIREMENTS:

Applicable CCA notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the plan specific provider manual’s prior authorization requirement section. Hospice does not require an authorization to engage for any product.

REIMBURSEMENT GUIDELINES:

A Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) is required and must be filed with both Medicare or Medicaid and CCA within 5 calendar days of the hospice admission election or termination for all products prior to beginning hospice care or upon discharge.

All notices (Notice of Election, Notice of Termination/Revocation, Notice of Transfer, Notice of Cancellation, and Change of Ownership notification) MUST be submitted to both Medicare or Medicaid **and** CCA via email to the CCA Eligibility Inbox:

Eligibility@commonwealthcare.org with the Subject “NOTICE OF ELECTION (NOE)” or “NOTICE OF REVOCATION (NOTR)”. The Medicare or Medicaid and CCA submission to the CCA Eligibility Inbox may include data for more than one patient, however, all individual patient data should be submitted on a single line.

The Notice of Election or Notice of Termination/Revocation form must be signed by the patient or their authorized representative. If the NOE or NOTR is not received timely by CCA, services outside of the hospice benefit may be denied. Claims that do not fit the timely filing exception criteria below should be submitted as non-covered with occurrence span code 77:

- Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the hospice’s ability to operate.

REIMBURSEMENT GUIDELINES (cont.):

- An event that produces a data-filing problem due to a claims submission system issue that is beyond the control of the hospice.
- A newly Medicare-certified hospice that is notified of certification after the Medicare certification date, or is awaiting its User ID from its Medicare contractor; or
- Other circumstances determined by CMS to be beyond the hospice's control.

A Notice of Election Termination/Revocation (NOTR) is used when a patient is discharged from Hospice alive or chooses to revoke their hospice election. The NOTR must be filed to Medicaid or Medicaid and CCA within 5 calendar days after the effective date of discharge. The NOTR must include the appropriate date range containing the "From" and "To" dates applicable to revocation.

Massachusetts Value, Preferred, Premier and Rhode Island Value, Preferred (PPOs):

Upon hospice election, Medicare becomes the primary payer for Medicare-covered hospice services, hospice drugs/biologicals and all other Medicare services. The Medicare fee-for-service Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. CCA continues to pay for vision dental and hearing as supplemental benefits. Hospices should follow the guidance in the Medicare Benefit Policy Manual Chapter 9 in the reference section of this policy.

Massachusetts CCA One Care (Dually Eligible for Medicaid):

Upon hospice election, Medicare becomes the primary payer for Medicare-covered hospice services, hospice medications, biologicals and treatments related to the terminal illness. The Medicare fee-for-service Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. Members have additional supplemental benefits under Medicaid that are covered by CCA for services not related to their terminal illness. If a member revokes their hospice election, Medicare-covered services will continue to be paid by the MAC until the last day of the month in which hospice was revoked.

Massachusetts CCA Senior Care Options (Dually Eligible for Medicaid):

Upon hospice election, Medicare becomes the primary payer, and the Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. Members have additional supplemental benefits under Medicaid that are covered by CCA for services not related to their terminal illness. If a member revokes their hospice election, Medicare-covered services will continue to be paid by the MAC until the last day of the month in which hospice was revoked.



Massachusetts CCA Senior Care Options (Medicaid-only):

CCA remains the primary payer upon hospice election and will cover both hospice and non-hospice services, in accordance with Medicaid requirements.

REIMBURSEMENT GUIDELINES (cont.):

Rhode Island Maximum:

Upon hospice election, Medicare becomes the primary payer, and the Medicare Administrative Contractor (MAC) pays the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness. CCA continues to pay for vision dental and hearing as supplemental benefits. Hospices should follow the guidance in the Medicare Benefit Policy Manual Chapter 9 in the reference section of this policy.

If a member revokes their hospice election, Medicare-covered services will continue to be paid by the MAC until the last day of the month in which hospice was revoked.

BILLING and CODING GUIDELINES:

CCA becomes the secondary payer and pays for services unrelated to the terminal illness if the services are not covered by Medicare but are covered by CCA as a supplemental benefit.

Medicaid-only covered services continue to be covered by CCA Senior Care Options, in accordance with MassHealth requirements.

Massachusetts Value, Preferred, Premier and Rhode Island Value, Preferred (PPOs):

- Providers should not submit claims for Medicare-covered services to CCA during a hospice election, as Medicare becomes the primary payer. All claims for Medicare-covered services should be submitted to the Medicare Administrative Contractor (MAC), who will process all claims for the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness.

Rhode Island Maximum:

- Providers should not submit claims for Medicare-covered services to CCA during a hospice election, as Medicare becomes the primary payer. All claims for Medicare-covered services should be submitted to the Medicare Administrative Contractor (MAC), who will process all claims for the hospice directly for hospice services as well as any Medicare-covered services unrelated to the terminal illness.



Massachusetts Senior Care Options and One Care:

- Claims for Medicare-covered services unrelated to the terminal illness should be sent to the appropriate Medicare Administrative Contractor (MAC).
 - In most cases, providers must first bill the MAC for payment of the claim and then submit an EOB to CCA with the claim and the appropriate modifier.
- Providers must submit the explanation of benefits (EOB) from the primary payer with the claim when CCA is the secondary payer.

Massachusetts Senior Care Options (Medicaid-only):

Covered Services for Select Plans	Payable on Hospice?	Comments
Acupuncture	Yes	
Adult Day health	Yes	
Adult Foster Care	Yes	
Adult Foster Care II	Yes	
Chore - light and heavy	Yes	
Companion Service	Yes	
Day Habilitation	Yes	
Dementia Day care	Yes	
Dental	Yes	
Environmental Accessibility Adaption	Yes	
Grocery Shopping	Yes	
Group Adult Foster Care	Yes	
Hearing Aid	Yes	
Home Meal Delivery aka Meals on wheels	Yes	
Homemaker	Yes	
Laundry	Yes	

BILLING and CODING GUIDELINES (cont.):

Massage Therapy	Yes	
Meal Replacement Selections	Yes	Medicare covers only if member has a feeding tube
Money Management	Yes	
Personal Bookkeeping Services	Yes	
Personal Care Attendant	Yes	
Personal care Homemaker (Not PCA)	Yes	
Primary Care (provided by PCT)	Yes	



Social Day Care	Yes	
SPA Specialized Personal Assistant (for members who are NH certifiable)	Yes	
Transportation – Non-medical	Yes	
Vision Care - Optometry	Yes	

- CCA Medicaid-only members who elect hospice are covered for hospice and non-hospice covered services.

BILLING and CODING GUIDELINES (cont.):

- Claims for services related to the terminal illness should be sent to the hospice agency, and the hospice agency should submit hospice claims to CCA.
- Claims for services unrelated to the terminal illness should continue to be sent to CCA Senior Care Options.
- If the hospice facility where the services provided is outside the member’s county, modifier TN must be appended to the claim.
- After the 61st day of hospice care modifier UD should be appended.

Modifier and Condition Codes:

Hospice services provided by an attending provider not employed or paid under arrangement by the member’s hospice provider should be billed to the MAC. Services may or may not be related to the terminal condition and should be billed with the appropriate modifier and/or condition code for consideration of payment.

- GV modifier – Attending provider (M.D, D.O. or NP) not employed or paid under arrangement by the member’s hospice provider
- GW modifier – Service not related to the hospice member’s terminal condition
- 07 condition code – Service unrelated to the treatment of the member’s terminal illness

SERVICES COVERED WHILE ON HOSPICE FOR DUAL ELIGIBLE MEDICAID MEMBERS (Massachusetts Senior Care Options, and Massachusetts One Care

Non-Covered Services	Payable on Hospice?	Comments
Ambulance	No	Emergency Ambulance is not covered
Ambulatory Surgery	No	
Audiologist	No	Hearing Aids are covered
Cardiac Rehab	No	
Certified Home Health Agency	No	
Chemotherapy	No	



Chiropractor	No	
Diabetic Self-Monitoring Training	No	
Dialysis	No	
DME / Surgical Supplies	No	
Home Health Aid	No	
Home Infusion	No	
Home Medical Social Worker	No	
Home Occupational Therapy	No	
Home Personal Homemaker	No	
Home Physical Therapy	No	
Home Skilled Nursing	No	

BILLING and CODING GUIDELINES (cont.):

Home Speech Therapy	No	
Hospice	No	
Hospital - Inpatient	No	
Hospital - Outpatient	No	
Laboratory	No	
Nuclear Medicine	No	
Nutrition Therapy	No	
Outpatient Therapy	No	
Oxygen & Respiratory Equipment	No	
Physician Specialists	No	
Podiatry	No	
Radiology & Imaging Services (Diagnostic)	No	
Respite Care	No	
Skilled Nursing Facility	No	CCA retain responsibility for room & board charges

RELATED SERVICE POLICIES:

Out of Network
 Nursing Facility
 Skilled Nursing Facility

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Please refer to CPT/HCPCS for



complete and updated list of codes. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- CMS Manuals, Pub 100-02 Medicare Benefit Policy
- CCA Provider Manual, Hospice
- Medicare Hospice Benefit manual 100-02 Chapter 9
- Medicare Claims Processing manual 100-04: Chapter 11

REFERENCES (cont.):

- Section 1814(i) of the Social Security Act (the Act)
- Section 1814(i) of the Social Security Act § 418.22(b)(3)
- MassHealth Hospice Manual subchapter- 6: Hospice Service Codes
- MassHealth 130 CMR 437.000. Hospice Services
- Federal Register Pub: FY2020 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements

POLICY TIMELINE DETAILS:

1. Effective: July 2023